

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7014**

BIRTH NO. <u>18877-50</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>607</u>					
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rick Hills Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Wage Air Station Lambert Field</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Robertson Mo 4070</u>							
3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>				a. (First)		b. (Middle)		c. (Last) <u>KEMPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7 - 1950</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Mar 6 - 1950</u>		9. AGE (In years last birthday) <u>0</u>		10. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Rick Hills Mo</u>			
12. FATHER'S NAME <u>Franklin Kemper</u>				13. MOTHER'S MAIDEN NAME <u>Phyllis Hoffmann</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franklin J. Kemper</u>				ADDRESS <u>Wage Air Station</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature labor</u>  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cause unknown</u>  DUE TO (c) <u>at 5 1/2 mo.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				21d. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				21g. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-7</u> , 19 <u>50</u> , to <u>3-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>50</u> , and that death occurred at <u>10:40 P m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Robert J. Dwyer M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand</u>				23c. DATE SIGNED <u>3/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 8 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>				24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>			
DATE REC'D. BY LOCAL		REGISTRAR'S SIGNATURE <u>Herbert B. Dwyer M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Dwyer</u>				ADDRESS <u>6136 Clayton Rd</u>			

(Licensed Embalmer's Statement on Reverse Side)

<sup>1</sup> Rich 14E 17 Ma

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Not Embalmed

Attest  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.